

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000**

or **Fax**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

7590 08/16/2004

**Volel Emile
International Business Machines Corporation
Intellectual Property Law Department
Internal Zip 4054, 11400 Burnet Road
Austin, TX 78758**

11/16/2004 JADD02 00000003 090447 09899458

01 FC:1501 1370.00 DA
02 FC:1504 300.00 DA

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Patsy SPEARS (Depositor's name)
Patsy Spears (Signature)
11/16/2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/899,458	07/05/2001	Patrick Justin Laffey	AUS9-2001-0343-US1	3411

TITLE OF INVENTION: ALTERNATE REDUCED SIZE ON-SCREEN POINTERS FOR ACCESSING SELECTABLE ICONS IN HIGH ICON DENSITY REGIONS OF USER INTERACTIVE DISPLAY INTERFACES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	11/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, MYLINH T	2179	345-861000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Diana C. Roberts**
2. **Jerry Kraft**
3. **Volel Emile**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**International Business
machine Corporation**

Armonk, New York 10504

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **09-0447** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

(Date)

Diana C. Roberts **Oct. 13, 2004**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)



EV 503164347 US

Mailing Label
Label 11-F June 2002



UNITED STATES POSTAL SERVICE® Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second			Flat Rate Envelope <input type="checkbox"/>		Delivery Attempt Time	
Date In	Mo.	Day	Year	Postage		Mo.	Day
Time In	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM			\$		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day			Return Receipt Fee		Employee Signature	
lbs.	ozs.			COD Fee		Employee Signature	
No Delivery	Acceptance Clerk Initials			Insurance Fee		Employee Signature	
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Total Postage & Fees			\$		Employee Signature	
CUSTOMER USE ONLY				NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
METHOD OF PAYMENT:				Customer Signature			
Express Mail Corporate Acct. No. X787105				Federal Agency Acct. No. or Postal Service Acct. No.			

FROM: (PLEASE PRINT)		TO: (PLEASE PRINT)	
Diana C. Roberts IBM CORP 11400 BURNET RD AUSTIN		mail stop Issue Fee Commissioner For Patents P.O. Box Alexandria, Alexandria, VA 22313-1450	
PHONE 512 323-9667		PHONE	
TX 78758-3493			

EXPRESS MAIL
PRESS HARD. You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com
75/100 F:02 T: